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PTO/SB/30 (10-01)

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<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Address to:  Assistant Commissioner for Patents Box RCE Washington, D.C. 20231	Application Number	09/755,408
	Filing Date	January 5, 2001
	First Named Inventor	Robert I. Nurse
	Group Art Unit	3727
	Examiner Name	Stephen J. Castellano
	Attorney Docket Number	7903M
	Confirmation Number	5236

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

NOTE: Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. § 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- iii. ☐ Other \_\_\_\_\_
- b. Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_
- 03/25/2003 BNGUYEN1 00000137 162480 09755408
- 01 FC:1801 750.00 CH  
02 FC:1202 144.00 CH  
03 FC:1201 84.00 CH

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. **16-2480**.
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☒ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
- iii. ☐ Suspension of action fee under 37 C.F.R. 1.17(i)
- iv. ☐ Other \_\_\_\_\_

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TECHNOLOGY CENTER R3700

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME (Print/Type)	Stephen T. Murphy	Reg. No. (Attorney/Agent) 42,917
SIGNATURE		DATE March 17, 2003

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

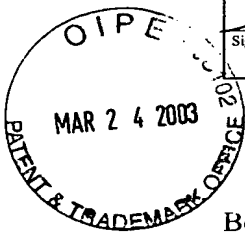
NAME (Print/Type)	Stephen T. Murphy
SIGNATURE	
DATE	March 17, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send Fees and Completed forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, D.C. 20231.

(Revised for P&G use 4/22/02)

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Stephen T. Murphy  
Name of Attorney Registration No. 42,917  
Signature of Attorney



IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT

Case Docket No. 7903M

Box RCE  
ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Inventor(s): Robert I. Nurse Confirmation No.: 5236  
Serial No.: 09/755,408 Group Art Unit: 3727  
Date Filed: January 5, 2001 Examiner: Stephen J. Castellano  
Title:

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1. ☐ No additional fee is known to be required.
2. ☒ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 28	MINUS	** 20	= 8	x \$18 =	\$144.00
INDEP.	* 4	MINUS	*** 3	= 1	x \$84 =	\$84.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$280 =	\$
					TOTAL	\$228.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☒ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$930.00 for a 3-month extension of time.
4. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. ☒ Any patent application processing fees under 37 CFR §1.16.
  - b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Commissioner is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

Stephen T. Murphy  
Attorney for Applicant(s)  
Registration No. 42,917  
Tel. No. (513) 634-4268

Date: March 17, 2003  
Customer No. 27752  
(last revised 7/1/02)